Introduction

This Briefing provides key findings on the level of “connectedness” among parents and children in Hennepin County families. The data presented in this briefing are based on the SHAPE 2006 – Child Survey, which collected information on the health of Hennepin County children and key factors that affect their health. More than 4,000 households with children aged 0 to 17 participated in the SHAPE 2006 – Child Survey. An overview of the questionnaire and the data collection strategy for the survey are available at our website at: www.hennepin.us/SHAPE.

Making the connection

The vital importance of family connectedness perhaps was best summarized in Add Health, the findings of the National Longitudinal Study of Adolescent Health: “Independent of race, ethnicity, family structure and poverty status, adolescents who are connected to their parents, to their families and to their school community are healthier than those who are not.”

For this reason, the SHAPE 2006 – Child Survey asked a series of questions about whether parents and children (or other members of the household) are engaging in the kinds of activities and interactions that foster these vital, health-supporting family connections. Findings from several indicators of family connectedness are summarized in this Briefing, and where relevant, differences on the basis of age or location of residence are noted.

Additional information on these findings is available in the Technical Compendium to this briefing.
Mealtimes matter

Having the opportunity to interact together as a family is most often accomplished at mealtimes, when the household members gather to share food and conversation. Figure 1 displays the percentage distribution for sharing meals together during a typical week for Hennepin County children aged 0 to 17.

Figure 2 displays findings for the percentage of children whose parents reported that during the past week, most or all of the family members who live in the household had eaten a meal together every day. As might be expected, the child’s current age plays an important role in whether family members are able to share a meal together on a daily basis. Nearly 60 percent of the children in the youngest age group (aged 0 to 5) shared meals with their families every day; however, among adolescents (aged 12 to 17) the percentage drops nearly by half to 33.6 percent. At all levels (local, state and national), the declines with age are statistically significant at the p<0.05 level.

As shown in Figure 3, children who live in Minneapolis were significantly more likely to have meals with most or all of their family members than children from suburban Hennepin County; the percentages are 52.0 and 45.3 respectively, and are statistically different at the p<0.05 level.

Further statistical analyses were performed using the data from the SHAPE 2006 – Child Survey. The results support similar findings reported in Add Health on the relationships between family connectedness and health outcomes. Children whose families ate 6 or 7 meals together per week were significantly more likely to:

- Have their parents report that the child’s overall health is excellent;
- Have their parents report that the child is usually or always happy and cheerful;
- Drink fewer than two sugar-sweetened beverages on a typical day;
- Consume two or more servings of fruit on a typical day; and
- Consume five or more servings of fruits and vegetables on a typical day.

Figure 2. Percentage of children whose parents reported that most or all of the family members who live in the household eat a meal together every day by age group, and by geographic area, 2006; NSCH 2003

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hennepin</th>
<th>Minnesota</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0 to 5</td>
<td>59.9%</td>
<td>51.6%</td>
<td>56.3% **</td>
</tr>
<tr>
<td>Age 6 to 11</td>
<td>49.6%</td>
<td>45.0%</td>
<td>49.3%</td>
</tr>
<tr>
<td>Age 12 to 17</td>
<td>33.6%</td>
<td>27.0%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>

*Differences between Hennepin County and Minnesota are significant at the p<0.05 level.
**For all geographic areas, the differences between the youngest and oldest age groups are significant at the p<0.05 level.
Source: SHAPE 2006; National Survey of Children’s Health (NSCH) 2003

Figure 3. Percentage of children aged 0 to 17 whose parents reported that most or all of the family members who live in the household eat a meal together every day, by location of residence, 2006

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hennepin Total</td>
<td>47.5%</td>
</tr>
<tr>
<td>Minneapolis</td>
<td>52.0% *</td>
</tr>
<tr>
<td>Suburban</td>
<td>45.3%</td>
</tr>
</tbody>
</table>

*Difference between Minneapolis and Suburban Hennepin is significant at the p<0.05 level.
Source: SHAPE 2006
These relationships were found to be statistically significant at the p<0.05 level, even when controlling for variability due to the child’s age group, family income level, the child’s race and ethnicity, and the location of residence (urban/suburban). Additional information on these findings is available in the Technical Compendium to this briefing.

Building relationships: Playing, reading and daily check-ins

During the developmental stages following early childhood, children’s capacities for engaging in conversation and participating in various activities are significantly enhanced. This makes the “tween years” (the period between early childhood and adolescence) especially important for fostering the kinds of family connections that may later have protective influences on adolescent health. For children in this age group (here, specifically the 6 to 11 year olds), the SHAPE 2006 – Child Survey provides findings on parent-child interactions for three types of activities: playing games or sports together, reading together, and talking together about the child’s daily activities. Results for these items appear in Figure 4.

Home alone: children without adult supervision

For school-aged children in Grades 1 to 6, parents were asked the following: On a typical school day, how much time does your child spend being responsible for himself or herself after school when there is no adult or babysitter around? Most children in this age-group, (80 percent of those in Grades 1 to 6) were reported to spend no time alone without supervision.

However, just over one in ten children in Grades 1 to 6 (11.2 percent) are currently spending one hour or more being responsible for themselves without an adult or babysitter present. A closer look at this item is presented in Figure 5. As might be expected, older children are more likely to be spending time alone after school than younger children; nearly one in five children in Grades 4 to 6 are spending one hour or more (19.1 percent) home alone without adult supervision.
Hanging out: adolescents without adult supervision

Overall, 35.9 percent of youths in Grades 7 to 12 spend 5 or more hours per week alone with friends without supervision, and nearly one in seven (15.6 percent) were reported to spend 10 or more hours per week “hanging out with friends.”

As shown in Figure 6, the findings suggest that urban youth are significantly more likely to have no time alone with friends without adult supervision than adolescents residing in suburban Hennepin County (33.2 percent for Minneapolis youth and 23.4 for suburban Hennepin; statistically significant at p<0.05 level). However, among adolescents who were reported to spend 5 or more hours, or even 10 or more hours per week alone with friends without adult supervision, the percentages among urban and suburban youth are virtually the same.

Conclusions

The findings of the SHAPE 2006 - Child Survey mirror the more extensive analyses provided by the national-level studies (Add Health and the National Survey of Children’s Health). The relationship between family connectedness and healthy outcomes for children is clear and consistent across a wide range of family types. Therefore, making mealtimes together a health priority for more Hennepin County families, and enlisting the support of both schools and employers (especially employers of adolescents) is strongly suggested.

Acknowledgments

The SHAPE project would like to thank the many individuals, community organizations, and subject-area experts who provided advice and support for the development of SHAPE 2006. A partial list of those who provided assistance to the SHAPE 2006 project can be found on the SHAPE web site listed below. The SHAPE project would especially like to thank the more than 10,000 residents of Hennepin County who generously took the time to complete the SHAPE survey.

For More Information

SHAPE 2006 is a collaborative project between the Hennepin County Human Services and Public Health Department and the University of Minnesota School of Public Health.

For more information on this Briefing or other topics related to the SHAPE project, or to receive this information in an alternate format, please contact SHAPE@co.hennepin.mn.us or 612-348-6150.

www.hennepin.us/SHAPE

Notes:

1. Reducing the Risk: Connections that Make a Difference in the Lives of Youth, monograph prepared by Robert Wm. Blum, MD, PhD and Peggy Mann Rinehart of the Division of General Pediatrics & Adolescent Health, University of Minnesota.

2. Here and throughout, “parent” has been used as a generic term for the adult in the household most knowledgeable about the child’s health. In most cases this term is referring to the child’s biological, adoptive or step parents, although in a small number of cases, the survey was answered by another adult/guardian in the household.

3. The Technical Compendium for SHAPE Briefing Number 13 provides further information on the results of the logistic regression analyses on the relationships between eating meals together as a family and various health outcome measures. The Technical Compendium is available on our website at: www.hennepin.us/SHAPE.

4. There are slight differences in the wording of the question used in Figure 2 for the state and national data as compared to SHAPE. Please see the Technical Compendium for further information.

5. The question asked was: In a typical week, how often do you or any other family members talk to your child about his or her daily activities?